

From Stress to Strength

Instructions

The following index asks you to evaluate your current perceptions of you life, family, work, and community. After reading each category statement, circle the number that most accurately reflects either your attitude or action.

Number 1 represents the most stressful response, and number 9 represents the least stressful response. Mark only one response per item. If a particular question does not pertain to you mark it NA (not applicable). If you feel neutral about the category, circle the number 5

The results will be most accurate if you answer quickly and honestly with the first gut-level response that comes to mind.

Many self-assessment tests are filled with tangential questions that are designed to corral a problem into a particular interpretation.

The QLI is *not* such a test! It asks you to respond quickly and honestly for your own information. Of the thousands of people we have tested in this manner, we have reached a greater than 90 percent accuracy, as assessed by personal interviews.

1. GAME PLAN FOR CAREER/WORK

Often does not									Usually meets
meet expectations									expectations
1	2	3	4	5	6	7		8	9

2. GAME PLAN FOR PERSONAL LONG-TER/SHOR-TERM ASPIRATIONS AND DEVELOPMENTS

Have not reached many goals;									Have reached many goals;
often feel unsuccessful									usually fell successful
1	2	3	4	5	6	7		8	9

3. HEALTH

Often ill									Usually well
1	2	3	4	5	6	7		8	9

4. PRIMARY RELATIONSHIP

(spouse, companion, significant other)									Going well
Not going well.									
1	2	3	4	5	6	7		8	9

5. TIME SPENT WITH MY PRIMARY RELATIONSHIP (away from home, alone, and nonbusiness)

Rare.									Frequent.
(less than one per year)									(six or more per year)
1	2	3	4	5	6	7		8	9

6. RELATIONSHIP(S) WITH CHILD(REN)

Unrewarding.									Rewarding
1	2	3	4	5	6	7		8	9

7. RELATIONSHIP(S) WITH PARENTS

Unrewarding									Rewarding
1	2	3	4	5	6	7		8	9

8. RELATIONSHIPS AT WORK

Fraught with discord									Usually harmonious
1	2	3	4	5	6	7		8	9

9. SOCIAL RELATIONSHIPS WITH FRIENDS, NEIGHBORS, GROUPS, AND OTHERS

Nonexistent. I feel distant.									Strong. I feel close.
1	2	3	4	5	6	7		8	9

10. RELIGIOUS AND SPIRITUAL SUPPORT

Not relevant									Essential
1	2	3	4	5	6	7		8	9

11. SOURCE OF APPROVAL/VALIDATION

External-people pleaser									Internal-self-assured
1	2	3	4	5	6	7		8	9

12. PETS									
Problematic							Either satisfying or I don't need them		
1	2	3	4	5	6	7	8	9	
13. HOBBIES/OUTSIDE INTERESTS									
Unsatisfactory or nonexistent							Satisfactory		
1	2	3	4	5	6	7	8	9	
14. TIME MANAGEMENT/CIRCUIT OVERLOAD									
Never enough hours in the day							Time well paced.		
1	2	3	4	5	6	7	8	9	
15. NEIGHBORHOOD									
Unpleasant and dangerous							Comfortable and safe		
1	2	3	4	5	6	7	8	9	
16. THE TELEPHONE									
Often hampers my effectiveness							Not a problem		
1	2	3	4	5	6	7	8	9	
17. COMMUTING/BUSINESS TRAVEL									
Burdensome							Reasonably pleasant		
1	2	3	4	5	6	7	8	9	
18. PHYSICAL WORK ENVIRONMENT									
Noisy, hazardous, a nightmare							Safe and pleasant.		
1	2	3	4	5	6	7	8	9	
19. FINANCES									
Out of control.							Manageable		
1	2	3	4	5	6	7	8	9	
20. MAJOR LIFE CRISES IN PAST SIX MONTHS									
One or more devastating crises							Smooth sailing		
1	2	3	4	5	6	7	8	9	
21. RELAXATION/MEDITATION									
Not helpful							Beneficial		
1	2	3	4	5	6	7	8	9	
22. CAREER/JOB MATCH									
Mismatch.							Good match		
1	2	3	4	5	6	7	8	9	
23. HUMOR/PLAY/FUN									
Who has time?							The staff of life.		
1	2	3	4	5	6	7	8	9	
24. INTERPERSONAL COMMUNICATION									
I tend to talk more than I listen							I tend to listen more than I talk.		
1	2	3	4	5	6	7	8	9	
25. EXERCISE									
Couch potato				Irregular.		Regular			
1	2	3	4	5	6	7	8	9	
26. SLEEP									
Often a problem							Rarely a problem		
1	2	3	4	5	6	7	8	9	

27. BODY WEIGHT

A problem
1 2 3 4 5 6 7 8 9
Not a problem

28. ALCOHOL CONSUMPTION

More than eight ounces per day
1 2 3 4 5 6 7 8 9
Two ounces per day
(two beers, two glasses of wine) or less.

29. CAFFEINATED BEVERAGES (coffee, tea, cola)

More than five per day
1 2 3 4 5 6 7 8 9
Three per day
None

30. TOBACCO

Ten or more cigarettes
Per day
1 2 3 4 5 6 7 8 9
Never smoked or have not
Smoked for three or more years.

31. DEGREE OF CONTROL

I am invisibly entrapped
1 2 3 4 5 6 7 8 9
I have adequate options

32. DECISION-MAKING

Can't make decisions easily
1 2 3 4 5 6 7 8 9
Make most decisions easily

33. PERFECTIONISM

Things should always
Be done right
1 2 3 4 5 6 7 8 9
I do the best that I can

34. TENDENCY TOWARD OPTIMISM/PESSIMISM

Whatever can go
wrong, will
1 2 3 4 5 6 7 8 9
Most things work out

35. FEELINGS OF GUILT AND/OR SHAME

Frequently.
1 2 3 4 5 6 7 8 9
Infrequently

36. ASSERTIVENESS

I rarely say what I think
1 2 3 4 5 6 7 8 9
I usually say what I think

37. ADAPTABILITY/FLEXIBILITY-PERSONAL/PROFESSIONAL

It's hard to change a plan
1 2 3 4 5 6 7 8 9
It's easy to change a plan

38. ANGER

I am often angry
1 2 3 4 5 6 7 8 9
I take most things in stride

39. SELF-ESTEEM

Often I feel unsure
about myself
1 2 3 4 5 6 7 8 9
I feel good about
who I am

40. VALUES AND PRINCIPLES BY WHICH I LIVE

Not always clear.
Changeable.
1 2 3 4 5 6 7 8 9
Very clear
Stable

PRELIMINARY INTERPRETATION

When you have responded to the list of 40 categories and feel that the scores represent our current perception of life, transfer the scores to the graph provided on page 105.

1. For each category, place a dot on the grid indicated the number (from 1 to 9) that you chose. Note that there is a separate line for NA's.
2. Now draw a line connecting the dots. You will probably see a zigzag patten like the one shown on the completed graph on page 146.
3. Next, compute an average score by adding all your scores and dividing the total by the number of categories you marked NA.
4. Now draw a straight line across the Quality of Life grid at the point of the average of your scores. For example, if you average is 6, draw a straight line from one 6 to the other.

This average is useful in tow ways. First, the dots above the average line represent your strengths and your perception of the degree of your strengths. **The scores below the average line represents you**

Quality of Life Index Summary Report

Name _____

Date _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40						
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	Career/Work	Personal Aspirations	Health	Primary Relationship	Time W/Primary Relationship	Childress	Parents	Relationships at work	Social Relationships	Spiritual Support	Source of Approval/Validation	Pets	Hobbies/Outside Interests	Neighborhood	Time management/Overload	Telephone	Physical Work Environment	Commuting/Business Travel	Finanaces	Life Crises	Relaxation/Meditation	Career/Job Match	Humor/Play/Fun	Communication	Exercise	Sleep	Weight	Alcohol	Caffeine	Tobacco	Degree of Control	Decision-making	Perfectionism	Optimism/Pessimism	Guilt/Hame	Assertiveness	Adapatability	Anger	Self-Esteem	Values	NA					

Total Points Possible _____ Total Score _____ % _____